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ABSTRACT

There is a growing recognition of the importance of counseling for the elderly. However, the effectiveness of various therapeutic techniques with a geriatric population has yet to be determined. Age of the therapist as a potential variable affecting self-disclosing behavior was assessed to determine the effect of counselor self-disclosure on client self-disclosure. Subjects were 60 female geriatric patients who viewed 1 of 6 videotapes in which the age of the counselor and amount of self-disclosure was varied. With one exception, the prediction that a subject's self-disclosing behavior would be differentially affected by the therapist's age or the level of self-disclosure was unsupported by the data. Subsequent interviews did reveal, however, that therapist age was significant when the subject was allowed to choose the topic of discussion. The findings suggest that older adults tend to disclose at a higher level when interviewed by a therapist of their relative age. (Author/JAC)

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EFFECTS OF THERAPIST SELF-DISCLOSURE AND AGE ON ELDERLY CLIENT DISCLOSURE

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EFFECTS OF THERAPIST SELF-DISCLOSURE AND AGE ON ELDERLY CLIENT DISCLOSURE

There is a growing recognition of the importance of counseling for the elderly. However, the effectiveness of various therapeutic techniques with a geriatric population has yet to be determined. For example, there is a recent interest in whether or not counseling of elderly persons by elderly counselors (peer counseling) is more effective than counseling of the elderly by younger counselors. The relevancy of age variables affecting the counseling situation is presently an unresolved issue, not only with the elderly but with younger cohorts as well. While there appears to be a tendency toward instituting peer counseling among many counseling programs (eg., drug abuse programs, battered wife syndrome, child abuse cases, etc.), it is possible that the age variable may be significant for some types of client problems but not for others. In a study assessing variables affecting self-disclosure (the revealing of personal information about oneself), disclosure to someone of a different age (either younger or older) was seen as less appropriate than no-disclosure (Chaikin and Derlega, 1974). Age may in fact be a relevant variable affecting disclosure in a counseling relaionship. Whether or not age is a significant factor in counseling with the elderly has not been systematically investigated.

Research designed to evaluate the effectiveness of counseling has often employed the utilization of "self-disclosure" as an important criteria for progress in the therapeutic situation. Some researchers have suggested that successful therapy is dependent upon the presence of client self-disclosure (Truax and Carkhuff, 1965). Available research in the area of self-disclosure would indicate that different levels of self-disclosing by a therapist have appreciable effects on self-disclosure by a client. Various studies designed to determine relevant factors which are likely to facilitate greater client slef-disclosure stressed certain personality components of the client (Strassberg, 1977; Post, Wittmaier and Radin, 1978; McAllister and Kiesler, 1975; Chaikin, Derlega, Bayma and Shaw, 1975) as well as personality components of the counselor (Wright, 1975), environmental conditions (Chaiken, Derlega and Miller, 1976), etc., as playing a major role in affecting disclosing behavior of the client. Findings have largely been inconclusive. However, one relatively consistent finding has been that an intermediate level of therapist self-disclosure results in a greater level of client self-disclosure than low or high levels of therapist self-disclosure (Simonson, 1976; simonson and Bahr, 1974).

Most research on counseling techniques has employed college students in analogue studies or non-elderly clients. Whether variables identified as important for these age groups are also important for counseling the elderly is largely an empirical question yet to be answered.

The major purpose of this research is to determine the effects of therapist self-disclosure on client self-disclosure among female geriatric subjects. In addition, age of the therapist as a potential variable affecting slef-disclosing behavior will also be assessed.

Based upon the preceding discussion, it is hypothesized the subject self-disclosing behavior will be differentially affected by therapist level of self-disclosure, therapist age, and topic of discussion.

Subjects were sixty (60) females whose average was 82 and who resided in one of two local nursing homes.

The equipment utilized in conducting this study were two video tape recorder units and two small cassette tape recorders, The stimulus material produced for visual presentation consisted of two 60-minute cassette tapes containing the six therapist disclosure/age combinations of a simulated counseling situation. Each counseling interview was approximately ten minutes in length.

Three separate dialogues were developed in order to simulate a therapist/client interaction in which a therapist engaged in: no self-disclosing behavior, moderate self-disclosing behavior, or a high level of self-disclosing behavior as determined by the Doster Self-Disclosure Rating Scale. In each of the three dialogues the clients' responses were identical. The scripts were then rehearsed using two confederate therapist (an older one and a younger one). The confederate client remained the same. Six separate films were then developed: three with an elderly confederate therapist and three with the younger confederate therapist.

Three graduate students served as raters for the tape recorded interviews. The rater training involved the application of methods developed by J. Doster in which training sessions were generally two hours in length and totaled approximately sixteen hours. The first session consisted of questions and discussion of the rating scale and the generation of the raters' own examples for each component, as well as each level of disclosure (0-6 levels). The remainder of the group training involved listening to three taped examples of each level (randomly presented), each rater making an independent judgment of the level of disclosure and a subsequent discussion of each of the rater's judgments until a consensus of the rating was reached for each example..

After the initial steps were taken to obtain the consent of the nursing home directors as well as the library staff and to arrange for the necessary transportation, the experimental procedure was as follows. Meetings were arranged with the nursing home director and volunteer subjects (never exceeding twelve volunteers per meeting) in order to explain the requirements for participation, respond to any questions about the procedure, and obtain the written consent of those interested in participating. Meetings were scheduled primarily in the mornings in order that the data collection could be consistently scheduled in the afternoon.

Subjects were picked up at the home, transported to the university library and escorted to a lounge area nearest to the facilities where the study was to be conducted. Two subjects at a time were presented with the video taped recordings of one of the six therapist/client interactions. Prior to viewing the stimulus material, Ss were told that the film was simply an example of a counseling interview situation and that they would not be questioned about the material or be expected to remember any specific details, but rather the presentation was for their enjoyment and information. Each S viewed the short film on an individual recorded unit with a headhpone set. Subject viewing of one of the six film presentations was based on random assignment. Immediately following the presentation, the subject was escorted to a small conference room where she was introduced to the interviewer who appeared as the counselor in the film that subject viewed. The interview consisted of five open-ended questions falling under the categories of:

Health, Finances, Relationships, Exixtential, and Open. The first three topics were introduced by the interviewer saying, "I would like for you to talk for a few minutes on the topic of _____." The topic of existential concern was presented by having the S describe how she would like to be remembered. The Open topic category was designed to allow the subject the opportunity to talk about anything of importance to her that had not already been mentioned. All interviews were tape recorded. Following the interview, Ss were escorted back to the lounge area where they waited for the remainder of the participants to be tested. The debriefing session was a group exercise which preceded the S's return to the home. Each S received a five dollar remuneration and a questionaire asking for a response to: "What was this experience like for you?" and "How did you feel about your interviewer?" The questionaires were anonymous and were collected at the nursing home office several days following the S's participation.

RESULTS and CONCLUSIONS

The three raters each judged 20 taped interviews. Inter-rater reliability was at an acceptable level ($r = .836$).

Ten separate 2 x 3 (two levels of therapist age by three levels of therapist disclosure) analyses of variance tests were utilized to analyze the data; for each of the five topic areas (Health, Finances, Relationships, Existential, and Open Category), on the level of subject self-disclosure and the length of time the subject engaged in speech.

For the open category topic, only, the age of the therapist had a significant effect on the level of subject disclosure ($F_{1,54} = 5.33$, $p < .05$). Subjects disclosed at a higher level when interviewed by a therapist of their relative same age. It is interesting to note that under the same topic the analyses of subject's duration of speech yielded an F value of 3.543 ($df = 1,54$, $p < .06$). The results of all other analysis yielded nonsignificant findings.

The results of the present investigation were found to be contrary to expectations; that is, with one exception, the prediction that subject self-disclosing behavior would be differentially affected by therapist age or therapist level of disclosure was unsupported by the data. In consideration of the therapist age factor, one might conclude the following. On the basis of some evidence which supports the concept of peer counseling as an effective therapeutic approach, it was expected that a subject would engage in higher levels of self-disclosing behavior to a therapist of the same age than to a younger therapist. However, the degree to which the subject disclosed did not differ greatly when the therapist was considerably younger as opposed to when she was of a relative same age. It should be noted that under the Open Category topic, therapist age had a significant effect on level of subject self-disclosure ($p < .05$). When subjects were given the oppostunity to talk about any topic, they showed a tendency to disclose at a higher level with a therapist of the same age than with a therapist considerably younger. The therapist level of disclosure did not affect subject disclosure significantly. In other words, regardless of whether the therapist engaged in no self-disclosing behavior, a moderate level of self-disclosing behavior, or a high level of self-disclosing behavior, the subject level of self-disclosing behavior remained relatively constant. This finding proved to be consistent across all topic areas.

It is difficult to infer possible explanations for a lack a significant findings among the factors analyzed. One poignant explanation may be that inappropriate utilization of the assessment tool (rating scale) could have accounted for these findings. An initial analysis for assessing inter-rater reliability indicated that homogeneity of variance was not supported by the data. Because the mean adjustment technique utilized to compensate for differences in the rater's frame of reference yielded adequate reliability, it was assumed that while raters were consistent in their judgments they were operating from different parts of the rating scale. In other words, the raters were making judgments that could not be considered comparable. Had each rater made a judgment on all interviews, the differences could have been compensated for with appropriate statistical assessment. It would appear worthy to replicate the present study with the methodological changes mentioned herein.

Based upon previous research, it seems likely that subjects exposed to the moderately disclosing therapist of the same age would engage in the highest level of self-disclosing behavior. It is conceivable that there exists a fundamental difference between the college-aged population typically utilized in counseling analogue studies such as this and the elderly subjects which the present study utilized. Patterns of verbal responding may in fact change as a function of age. Perhaps verbal cues are interpreted differently or simply responded to with less consistency among older individuals. The development of effective counseling strategies will be dependent upon the acquisition of knowledge regarding both the needs of the elderly and the techniques of facilitating change.

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